E17108

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 8967

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 2450

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

50M-5-17-39
Rev. 5-17-39
19-1 X19511

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: City Hospital, #1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8 hrs, (Specify whether years, months or days)
In this community 8 hrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 614 East Marceau
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Baby Jines #1

3. (b) If veteran, name war X

3. (c) Social Security No. Unknown

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife X

6. (c) Age of husband or wife if alive X years

7. Birth date of deceased March 12, 1940 (Month) (Day) (Year)

8. AGE: Years | Months | Days | If less than one day 8 hr. min.

9. Birthplace St. Louis, (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Nil.

11. Industry or business ----

FATHER
12. Name Arlez Jines
13. Birthplace (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Alta Smith
15. Birthplace (City, town, or county) Illinois (State or foreign country)

16. (a) Informant's own signature Anna Monroe
(b) Address City Hospital, #1

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof MAR. 14-40 (Month) (Day) (Year)
(c) Place: burial or cremation CALVARY

18. (a) Signature of funeral director Cullen & Kelly
(b) Address 1416 N. Taylor ave.

19. (a) MAR 13 1940 (Date received by local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 12, year 1940 hour 8:10 minute A. M.

21. I hereby certify that I attended the deceased from March 12, 1940 to March 12, 1940; that I last saw her alive on March 12, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Prematurity (1200 gm.)	
Due to	
Due to	
Other conditions Twin Pregnancy. (Include pregnancy within 3 months of death)	

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature H. M. Kirkham (M. D. or other)
Address 1515 Lafayette Date signed 3-13-40

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ~~or by~~

myself, Registered Apprentice No.

working under my personal supervision.

Signed Raymond E. Gehrke

Licensed Embalmer No. 3985

P. O. Address St. Louis, Mo

city license #180

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.